CHAPTER 132
EMERGENCY MEDICAL SERVICES—SERVICE PROGRAM AUTHORIZATION

[Joint Rules pursuant to 147A.4]
[Prior to 7/29/87, Health Department[470] Ch 132]

641—132.1(147A) Definitions. For the purpose of these rules, the following definitions shall apply:

"ACLS" or *"advanced cardiac life support"* means training and successful course completion in advanced cardiac life support according to American Heart Association standards.

"AED" means automated external defibrillator.

"Air carrier" or *"air taxi"* means any privately or publicly owned fixed-wing aircraft which may be specifically designed, modified, constructed, equipped, staffed and used regularly to transport the sick, injured or otherwise incapacitated who are in need of out-of-hospital emergency medical care or whose condition requires treatment or continuous observation while being transported.

"Ambulance" means any privately or publicly owned rotorcraft or ground vehicle specifically designed, modified, constructed, equipped, staffed and used regularly to transport the sick, injured or otherwise incapacitated.

"Ambulance service" means any privately or publicly owned service program which utilizes ambulances in order to provide patient transportation and emergency medical services.

"Automated defibrillator" means any external semiautomatic device that determines whether defibrillation is required.

"Basic ambulance service" means an ambulance service that provides patient treatment at the basic care level.

"Basic care" means treatment interventions, appropriate to certification level, that provide minimum care to the patient including, but not limited to, CPR, bandaging, splinting, oxygen administration, spinal immobilization, oral airway insertion and suctioning, antishock garment, vital sign assessment and administration of over-the-counter drugs.

"CPR" means training and successful course completion in cardiopulmonary resuscitation and obstructed airway procedures according to recognized national standards. This includes one rescuer, two rescuer, and child/infant cardiopulmonary resuscitation and adult and child/infant obstructed airway procedures.

"Critical care paramedic" means a currently certified paramedic specialist who has successfully completed a critical care course of instruction approved by the department and has received endorsement from the department as a critical care paramedic.

"Critical care transport (CCT)" means specialty care patient transportation when medically necessary, for a critically ill or injured patient, between medical care facilities, and provided by an authorized ambulance service that is endorsed by the department to provide critical care transportation and staffed by one or more critical care paramedics or other health care professional in an appropriate specialty area.

"Current course completion" means written recognition given for training and successful course completion of CPR or ACLS with an expiration date or a recommended renewal date that exceeds the current date.

"Department" means the Iowa department of public health.

"Director" means the director of the Iowa department of public health.

"Direct supervision" means services provided by an EMS provider in a hospital setting or other health care entity in which health care is ordinarily performed when in the personal presence of a physician or under the direction of a physician who is immediately available or under the direction of a physician assistant or registered nurse who is immediately available and is acting consistent with adopted policies and protocols of a hospital or other health care entity.

"Emergency medical care" means such medical procedures as:

1. Administration of intravenous solutions.
2. Intubation.
3. Performance of cardiac defibrillation and synchronized cardioversion.
4. Administration of emergency drugs as provided by rule by the department.
5. Any other medical procedure approved by the department, by rule, as appropriate to be performed by emergency medical care providers who have been trained in that procedure.

"Emergency medical care personnel" or *"provider"* means an individual who has been trained to provide emergency and nonemergency medical care at the first-responder, EMT-basic, EMT-intermediate, EMT-paramedic level or other certification levels adopted by rule by the department and who has been issued a certificate by the department.

"Emergency medical technician-ambulance (EMT-A)" means an individual who has successfully completed, as a minimum, the 1984 United States Department of Transportation's Emergency Medical Technician-Ambulance curriculum, passed the department's approved written and practical examinations, and is currently certified by the department as an EMT-A.

"Emergency medical technician-basic (EMT-B)" means an individual who has successfully completed the current United States Department of Transportation's Emergency Medical Technician-Basic curriculum and department enhancements, passed the department's approved written and practical examinations, and is currently certified by the department as an EMT-B.

"Emergency medical technician-defibrillation (EMT-D)" means an individual who has successfully completed an approved program which specifically addresses manual or automated defibrillation, passed the department's approved written and practical examinations, and is currently certified by the department as an EMT-D.

"Emergency medical technician-intermediate (EMT-I)" means an individual who has successfully completed an EMT-intermediate curriculum approved by the department, passed the department's approved written and practical examinations, and is currently certified by the department as an EMT-I.

"Emergency medical technician-paramedic (EMT-P)" means an individual who has successfully completed the current United States Department of Transportation's EMT-intermediate curriculum or the 1984 DOT EMT-P curriculum, passed the department's approved written and practical examinations, and is currently certified by the department as an EMT-P.

"Emergency medical transportation" means the transportation, by ambulance, of sick, injured or otherwise incapacitated persons who require emergency medical care.

"Emergency rescue technician (ERT)" means an individual trained in various rescue techniques including, but not limited to, extrication from vehicles and agricultural rescue, and who has successfully completed a curriculum approved by the department in cooperation with the Iowa Fire Service Institute.

"EMS" means emergency medical services.

"EMS advisory council" means a council appointed by the director to advise the director and develop policy recommendations concerning regulation, administration, and coordination of emergency medical services in the state.

"First responder (FR)" means an individual who has successfully completed the current United States Department of Transportation's First Responder curriculum and department enhancements, passed the department's approved written and practical examinations, and is currently certified by the department as an FR.

"First responder-defibrillation (FR-D)" means an individual who has successfully completed an approved program which specifically addresses defibrillation, passed the department's approved written and practical examinations, and is currently certified by the department as an FR-D.

"First response vehicle" means any privately or publicly owned vehicle which is used solely for the transportation of emergency medical care personnel and equipment to and from the scene of a medical or nonmedical emergency.

"Hospital" means any hospital licensed under the provisions of Iowa Code chapter 135B.

"ILEECP" means Iowa law enforcement emergency care provider.

"Inclusion criteria" means criteria determined by the department and adopted by reference to determine which patients are to be included in the Iowa EMS service program registry or the trauma registry.

"Intermediate" means an emergency medical technician-intermediate.

"Medical direction" means direction, advice, or orders provided by a medical director, supervising physician, or physician designee (in accordance with written parameters and protocols) to emergency medical care personnel.

"Medical director" means any physician licensed under Iowa Code chapter 148, 150, or 150A who shall be responsible for overall medical direction of the service program and who has completed a medical director workshop, sponsored by the department, within one year of assuming duties.

"Mutual aid" means an agreement, preferably in writing, between two or more services that addresses how and under what circumstances each service will respond to a request for assistance in situations that exhaust available resources.

"Nonemergency transportation" means transportation that may be provided for those persons determined to need transportation only.

"Nontransport service" means any privately or publicly owned rescue or first response service program which does not provide patient transportation (except when no ambulance is available or in a disaster situation) and utilizes only rescue or first response vehicles to provide emergency medical care at the scene of an emergency.

"Off-line medical direction" means the monitoring of EMS providers through retrospective field assessments and treatment documentation review, critiques of selected cases with the EMS personnel, and statistical review of the system.

"On-line medical direction" means immediate medical direction provided directly to service program EMS providers, in accordance with written parameters and protocols, by the medical director, supervising physician or physician designee either on-scene or by any telecommunications system.

"PAD liaison" means the individual identified by the nonemergency response agency, public or private, who is responsible for supervision of the agency's PAD program.

"PAD service program" means a nonemergency response business agency, public or private, that has registered with the department to provide automated external defibrillator (AED) coverage.

"Paramedic" means an emergency medical technician-paramedic.

"Paramedic specialist (PS)" means an individual who has successfully completed the current United States Department of Transportation's EMT-Paramedic curriculum or equivalent, passed the department's approved written and practical examinations, and is currently certified by the department as a paramedic specialist.

"Patient" means any individual who is sick, injured, or otherwise incapacitated.

"Patient care report" means the out-of-hospital medical record documenting the evaluation and management of the patient.

"Physician" means any individual licensed under Iowa Code chapter 148, 150, or 150A.

"Physician assistant (PA)" means an individual licensed pursuant to Iowa Code chapter 148C.

"Physician designee" means any registered nurse licensed under Iowa Code chapter 152, or any physician assistant licensed under Iowa Code chapter 148C and approved by the board of physician assistant examiners, who holds current course completion in ACLS. The physician designee acts as an intermediary for a supervising physician in accordance with written policies and protocols in directing the actions of emergency medical care personnel providing emergency medical services.

"Preceptor" means an individual who has been assigned by the training program, clinical facility or service program to supervise students while the students are completing their clinical or field experience. A preceptor must be an emergency medical care provider certified at the level being supervised or higher, or must be licensed as a registered nurse, physician's assistant or physician.

"Primary response vehicle" means any ambulance, rescue vehicle or first response vehicle which is utilized by a service program and is normally dispatched as the initial vehicle to respond to an emergency call.

"Protocols" means written directions and guidelines established and approved by the service program's medical director that address the procedures to be followed by emergency medical care providers in emergency and nonemergency situations.

"Public access defibrillation (PAD)" means the operation of an automated external defibrillator by a nontraditional provider of emergency medical care.

"Public access defibrillation provider" means someone who has current course completion in a nationally recognized public access defibrillation provider course approved by the department and who also holds a current course completion in CPR.

"Registered nurse (RN)" means an individual licensed pursuant to Iowa Code chapter 152.

"Reportable patient data" means data elements and definitions determined by the department and adopted by reference to be reported to the Iowa EMS service program registry or the trauma registry or a trauma care facility on patients meeting the inclusion criteria.

"Rescue vehicle" means any privately or publicly owned vehicle which is specifically designed, modified, constructed, equipped, staffed and used regularly for rescue or extrication purposes at the scene of a medical or nonmedical emergency.

"Rotorcraft ambulance" means any privately or publicly owned rotorcraft specifically designed, modified, constructed, equipped, staffed and used regularly to transport the sick, injured or otherwise incapacitated who are in need of out-of-hospital emergency medical care or whose condition requires treatment or continuous observation while being transported.

"Secondary response vehicle" means any ambulance, rescue vehicle or first response vehicle which is utilized by a service program when dispatched for routine or convalescent transfers, when the service program's primary response vehicle would have a longer response time, is already in service or is otherwise unavailable or when a mutual aid request requires a different type of response vehicle. Secondary response vehicles may be staffed and equipped at any level up to and including the service program's level of authorization.

"Service program" or *"service"* means any medical care ambulance service or nontransport service that has received authorization by the department.

"Service program area" means the geographic area of responsibility served by any given ambulance or nontransport service program.

"Student" means any individual enrolled in a training program and participating in the didactic, clinical, or field experience portions.

"Supervising physician" means any physician licensed under Iowa Code chapter 148, 150, or 150A. The supervising physician is responsible for medical direction of emergency medical care personnel when such personnel are providing emergency medical care.

"Tiered response" means a rendezvous of service programs to allow the transfer of patient care.

641—132.2(147A) Authority of emergency medical care personnel.

132.2(1) Rescinded IAB 2/7/01, effective 3/14/01.

132.2(2) An emergency medical care provider may:

a. Render via on-line medical direction emergency and nonemergency medical care in those areas for which the emergency medical care provider is certified, as part of an authorized service program:

(1) At the scene of an emergency;
(2) During transportation to a hospital;
(3) While in the hospital emergency department;
(4) Until patient care is directly assumed by a physician or by authorized hospital personnel; and
(5) During transfer from one medical care facility to another or to a private home.

b. Function in any hospital or any other entity in which health care is ordinarily provided only when under the direct supervision of a physician when:

(1) Enrolled as a student or participating as a preceptor in a training program approved by the department;

(2) Fulfilling continuing education requirements;

(3) Employed by or assigned to a hospital or other entity in which health care is ordinarily provided only when under the direct supervision of a physician as a member of an authorized service program, or in an individual capacity, by rendering lifesaving services in the facility in which employed or assigned pursuant to the emergency medical care provider's certification and under direct supervision of a physician, physician assistant, or registered nurse. An emergency medical care provider shall not routinely function without the direct supervision of a physician, physician assistant, or registered nurse. However, when the physician, physician assistant, or registered nurse cannot directly assume emergency care of the patient, the emergency medical care personnel may perform, without direct supervision, emergency medical care procedures for which certified, if the life of the patient is in immediate danger and such care is required to preserve the patient's life;

(4) Employed by or assigned to a hospital or other entity in which health care is ordinarily provided only when under the direct supervision of a physician as a member of an authorized service program, or in an individual capacity, to perform nonlifesaving procedures for which trained and designated in a written job description. Such procedures may be performed after the patient is observed by and when the emergency medical care provider is under the supervision of the physician, physician assistant, or registered nurse, including when the registered nurse is not acting in the capacity of a physician designee, and where the procedure may be immediately abandoned without risk to the patient.

132.2(3) When emergency medical care personnel are functioning in a capacity identified in subrule 132.2(2), paragraph *"a,"* they may perform emergency and nonemergency medical care without contacting a supervising physician or physician designee if written protocols have been approved by the service program medical director which clearly identify when the protocols may be used in lieu of voice contact.

132.2(4) Adoption by reference.

a. Scope of Practice for Iowa EMS Providers (October 1999) is incorporated and adopted by reference for EMS providers. For any differences that may occur between the adopted references and these administrative rules, the administrative rules shall prevail.

b. The Scope of Practice for Iowa EMS Providers is available through the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075.

132.2(5) The department may approve other emergency medical care skills on a limited pilot project basis. Requests for pilot projects shall be submitted in writing to the department.

132.2(6) An emergency medical care provider who has knowledge of an emergency medical care provider, service program or training program that has violated Iowa Code chapter 147A or these rules shall report such information to the department.

641—132.3(147A) Emergency medical care providers—requirements for enrollment in training programs. Rescinded IAB 2/9/00, effective 3/15/00.

641—132.4(147A) Emergency medical care providers—certification, renewal standards and procedures, and fees. Rescinded IAB 2/9/00, effective 3/15/00.

641—132.5(147A) Training programs—standards, application, inspection and approval. Rescinded IAB 2/9/00, effective 3/15/00.

641—132.6(147A) Continuing education providers—approval, record keeping and inspection. Rescinded IAB 2/9/00, effective 3/15/00.

641—132.7(147A) Service program—authorization and renewal procedures, inspections and transfer or assignment of certificates of authorization.

132.7(1) *General requirements for authorization and renewal of authorization.*

a. An ambulance or nontransport service in this state that desires to provide emergency medical care, in the out-of-hospital setting, shall apply to the department for authorization to establish a program utilizing certified emergency medical care providers for delivery of care at the scene of an emergency or nonemergency, during transportation to a hospital, during transfer from one medical care facility to another or to a private home, or while in the hospital emergency department and until care is directly assumed by a physician or by authorized hospital personnel. Application for authorization shall be made on forms provided by the department. Applicants shall complete and submit the forms to the department at least 30 days prior to the anticipated date of authorization.

b. To renew service program authorization, the service program shall continue to meet the requirements of Iowa Code chapter 147A and these rules. The renewal application shall be completed and submitted to the department at least 30 days before the current authorization expires.

c. Applications for authorization and renewal of authorization may be obtained upon request to: Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075.

d. The department shall approve an application when the department is satisfied that the program proposed by the application will be operated in compliance with Iowa Code chapter 147A and these administrative rules.

e. Service program authorization is valid for a period of three years from its effective date unless otherwise specified on the certificate of authorization or unless sooner suspended or revoked.

f. Service programs shall be fully operational upon the effective date and at the level specified on the certificate of authorization and shall meet all applicable requirements of Iowa Code chapter 147A and these rules.

g. The certificate of authorization shall be issued only to the service program based in the city named in the application and shall not be inclusive of any other base of operation when that base of operation is located in a different city. Any ambulance service or nontransport service that is based in and operates from more than one city shall apply for and, if approved, shall receive a separate authorization for each base of operation that desires to provide emergency medical care.

h. Any service program owner in possession of a certificate of authorization as a result of transfer or assignment shall continue to meet all applicable requirements of Iowa Code chapter 147A and these rules. In addition, the new owner shall apply to the department for a new certificate of authorization within 30 days following the effective date of the transfer or assignment.

i. Nontransporting service programs that only provide basic care need only complete the application process of these rules for authorization.

132.7(2) *Out-of-state service programs.*

a. Service programs located in other states which wish to provide emergency medical care in Iowa must meet all requirements of Iowa Code chapter 147A and these rules and must be authorized by the department except when:

(1) Transporting patients from locations within Iowa to destinations outside of Iowa;

(2) Transporting patients from locations outside of Iowa to destinations within Iowa;

(3) Transporting patients to or from locations outside of Iowa that requires travel through Iowa;

(4) Responding to a request for mutual aid in this state; or

(5) Making an occasional EMS response to locations within Iowa and then transporting the patients to destinations within Iowa.

b. An out-of-state service program that meets any of the exception criteria established in 132.7(2) shall be authorized to provide emergency medical care by the state in which the program resides and shall provide the department with verification of current state authorization upon request.

132.7(3) *Rotorcraft ambulances and air taxis or air carriers.*

a. Rotorcraft ambulances shall meet all applicable requirements of Iowa Code chapter 147A and these rules except for subrule 132.7(2), paragraphs 132.8(1)*"b"* and *"c,"* and subrules 132.8(8) and 132.8(9).

b. Air taxis or air carriers shall not be subject to the requirements of Iowa Code chapter 147A and these rules except when utilizing emergency medical care personnel to provide emergency medical care. In such instances, emergency medical care personnel shall be members of an authorized service program (assigned by that service program) and shall be provided with the appropriate equipment and medical direction deemed necessary by that service program's medical director.

132.7(4) *Service program inspections.*

a. The department shall inspect each service program at least once every three years. The department without prior notification may make additional inspections at times, places and under such circumstances as it deems necessary to ensure compliance with Iowa Code chapter 147A and these rules.

b. The department may request additional information from or may inspect the records of any service program which is currently authorized or which is seeking authorization to ensure continued compliance or to verify the validity of any information presented on the application for service program authorization.

c. The department may inspect the patient care records of a service program to verify compliance with Iowa Code chapter 147A and these rules.

d. No person shall interfere with the inspection activities of the department or its agents pursuant to Iowa Code section 135.36.

e. Interference with or failure to allow an inspection by the department or its agents may be cause for disciplinary action in reference to service program authorization.

132.7(5) *Temporary service program authorization.*

a. A temporary service program authorization may be issued to services that wish to operate during special events that may need emergency medical care coverage at a level other than basic care. Temporary authorization is valid for a period of 30 days unless otherwise specified on the certificate of authorization or unless sooner suspended or revoked. Temporary authorization shall apply to those requirements and standards for which the department is responsible. Applicants shall complete and submit the necessary forms to the department at least 30 days prior to the anticipated date of need.

b. The service shall meet applicable requirement of these rules, but may apply for a variance using the criteria outlined in rule 132.14(147A).

c. The service shall submit a justification which demonstrates the need for the temporary service program authorization.

d. The service shall submit a report, to the department, within 30 days after the expiration of the temporary authorization which includes as a minimum:

(1) Number of patients treated;

(2) Types of treatment rendered;

(3) Any operational or medical problems.

132.7(6) *Conditional service program authorization.* Any service that is unable to meet the staffing requirement to receive full authorization that wishes to provide emergency medical care shall apply to the department. The service shall:

a. Justify why the service is unable to meet the staffing requirements of subrule 132.8(1), paragraphs *"a"* and *"b."*

b. Rescinded IAB 2/3/93, effective 3/10/93.

c. If approved, receive a conditional certificate of authorization from the department, but the service shall not advertise or otherwise imply or hold itself out to the public as a fully authorized service program.

d. If approved, utilize emergency medical care providers as appropriate to their level of certification up to and including the level of conditional authorization.

e. Meet all applicable requirements of these rules with the exception of subrule 132.8(1), paragraphs "*a*" and "*b.*"

f. If an ambulance service, provide, as a minimum, one EMT-B and one licensed driver, who holds a current course completion card in CPR, on each primary response vehicle call (see Table 1). The service shall document each driver's training in emergency driving techniques and in the use of the service's communications equipment.

g. If a nontransporting service, have, as a minimum, a written mutual aid agreement with at least one ground ambulance service to ensure coverage when no certified personnel are available (see Table 2). Simultaneous dispatching may be used in lieu of a written mutual aid agreement.

641—132.8(147A) Service program—operational requirements, record keeping, equipment and supply standards.

132.8(1) Service programs shall:

a. Maintain an adequate number of primary response vehicles and personnel to provide 24-hour-per-day, 7-day-per-week service at their authorized level. The adequate number of primary response vehicles and personnel to be maintained shall be determined by the department, and shall be based upon, but not limited to, the following:

(1) Number of calls;

(2) Service area and population; and

(3) Availability of other services in the area.

b. Provide on each primary response vehicle call, as appropriate to the service program's level of authorization, the following:

(1) Fully authorized basic care and EMT-B ground ambulance service programs shall provide, as a minimum, one EMT-B and a licensed driver (see Table 1). The service shall document each driver's training in emergency driving techniques and in the use of the service's communications equipment. Fully authorized EMT-I ambulance services shall provide, as a minimum, one EMT-I and one EMT-B. Fully authorized EMT-P ambulance services shall provide, as a minimum, one EMT-P and one EMT-B (see Table 1).

(2) Fully authorized nontransporting service programs shall provide, as a minimum, one appropriately certified emergency medical care provider at the level of service authorization (see Table 2).

(3) Nontransporting service programs that may also want to transport patients shall:

1. Apply to the department for authorization to transport patients on an occasional basis.
2. Use a vehicle that complies with subrule 132.8(4).
3. Provide staffing in accordance with 132.7(6)"*f.*"

TABLE 1: AMBULANCE SERVICE STAFFING				
Level of Authorization				
	Basic Care	*EMT-B*	*EMT-I*	*EMT-P*
Full authorization Minimum staffing	1-EMT-B 1-Licensed Driver	1-EMT-B 1-Licensed Driver	1-EMT-I 1-EMT-B	1-EMT-P 1-EMT-B
Conditional authorization Minimum staffing	Not Applicable	Not Applicable	1-EMT-B 1-Licensed Driver	1-EMT-B 1-Licensed Driver

TABLE 2: NONTRANSPORTING SERVICE STAFFING					
Level of Authorization					
	Basic Care	*First Responder*	*EMT-B*	*EMT-I*	*EMT-P*
Full authorization Minimum staffing	Not Applicable	1-FR	1-EMT-B	1-EMT-I	1-EMT-P
Conditional authorization Minimum staffing	Not Applicable	Mutual aid agreement with a transporting service	Mutual aid agreement with a transporting service	Mutual aid agreement with a transporting service	Mutual aid agreement with a transporting service

(4) Nothing in these rules shall prevent a nontransporting service program from transporting patients in an emergency situation when lack of transporting resources would cause an unnecessary delay in patient care.

(5) Unless otherwise established by protocol approved by the medical director, the emergency medical care provider with the highest level of certification (on the transporting service) shall attend the patient.

c. Ensure that personnel duties are consistent with their level of certification and the service program's level of authorization.

d. Maintain current personnel rosters and personnel files. The files shall include the names and addresses of all personnel and documentation that verifies the following qualifications:

(1) Current provider level certification.

(2) Current course completion card in CPR.

(3) If a paramedic, and working for an EMT-P service, current course completion card in ACLS.

(4) Other current certifications/endorsements as may be required by the medical director.

(5) Documentation of emergency driving and use of the service's communications equipment.

e. If requested by the department, notify the department in writing of any changes in their personnel rosters.

f. Have a medical director and on-line medical direction available on a 24-hour-per-day, 7-day-per-week basis.

g. Utilize a dispatching and scheduling system which ensures that the appropriate service program personnel respond as required in this rule, and that they respond in a reasonable amount of time.

h. Notify the department in writing within seven days of any change in ownership or control or of any reduction or discontinuance of operations.

i. Select a new or temporary medical director if for any reason the incumbent medical director cannot or no longer wishes to serve in that capacity. Selection shall be made before the incumbent relinquishes the duties and responsibilities of that position.

j. Within seven days of any change in medical directors, notify the department in writing of the selection of the new or temporary medical director who must have indicated in writing a willingness to serve in that capacity.

k. Rescinded IAB 2/2/94, effective 3/9/94.

l. Secondary response vehicles are not required to meet the vehicle standards, staffing and equipment requirements of primary response vehicles. When emergency medical care is to be provided, however, appropriate staff, equipment and supplies shall also be provided to ensure continuity of care. If an appropriate emergency medical care provider is not available to staff and to provide emergency medical care on a secondary response vehicle, a registered nurse, physician or physician's assistant may provide that care pursuant to their license.

m. Nothing in these rules shall prevent a registered nurse, physician or physician's assistant from supplementing the staff of a primary or secondary response vehicle.

n. Nothing in these rules shall prevent an authorized ambulance service program from utilizing a rescue or first response vehicle as a secondary response vehicle.

o. The service program shall maintain a skills maintenance log (or a similar form or system containing comparable data) available upon request from: Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075. The medical director shall designate, in writing, the minimum number and type of monthly or quarterly mandatory skills to be performed. Individuals who are certified as an FR, FR-D, EMT-B, EMT-D or EMT-I shall complete defibrillation practice sessions (monthly for individuals who utilize manual defibrillators and quarterly for individuals who utilize automated defibrillators).

p. No initial authorization shall be issued to EMT-D, EMT-B or EMT-I services wishing to utilize a manual defibrillator. This provision does not apply to EMT-D or EMT-I services authorized prior to January 1, 1990.

q. Rescinded IAB 2/9/00, effective 3/15/00.

132.8(2) Iowa EMS Service Program Registry Data Dictionary is adopted and incorporated by reference for inclusion criteria and reportable patient data. For any differences which may occur between the adopted reference and this chapter, the administrative rules shall prevail.

a. The Iowa EMS Service Program Registry Data Dictionary is available through the Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075.

b. An EMS service program shall:

(1) Submit reportable patient data identified in this subrule via electronic transfer or in writing. Data shall be submitted in a format approved by the department.

(2) Submit reportable patient data identified in this subrule to the department for each calendar quarter. Reportable patient data shall be submitted no later than 90 days after the end of the quarter.

(3) Submit minimum reportable patient data to the hospital upon delivery of the patient or within 24 hours if an immediate emergency response occurs and delays submission. The data shall be submitted in a format approved by the department.

c. The department shall prepare compilations for release or dissemination on all reportable patient data entered into the EMS service program registry during the reporting period. The compilations shall include, but not be limited to, trends and patient care outcomes for local, regional, and statewide evaluations. The compilations shall be made available to all service programs submitting reportable patient data to the registry.

d. Access and release of reportable patient data and information.

(1) The data collected by and furnished to the department pursuant to this subrule are confidential records of the condition, diagnosis, care, or treatment of patients or former patients, including outpatients, pursuant to Iowa Code section 22.7. The compilations prepared for release or dissemination from the data collected are not confidential under Iowa Code section 22.7, subsection 2. However, information which individually identifies patients shall not be disclosed, and state and federal law regarding patient confidentiality shall apply.

(2) The department may approve requests for reportable patient data for special studies and analysis provided the request has been reviewed and approved by the deputy director of the department with respect to the scientific merit and confidentiality safeguards, and the department has given administrative approval for the proposal. The confidentiality of patients and the EMS service program shall be protected.

(3) The department may require those requesting the data to pay any or all of the reasonable costs associated with furnishing the reportable patient data.

e. To the extent possible, activities under this subrule shall be coordinated with other health data collection methods.

f. Quality assurance.

(1) For the purpose of ensuring the completeness and quality of reportable patient data, the department or authorized representative may examine all or part of the patient's medical records as necessary to verify or clarify all reportable patient data submitted by a service program.

(2) Review of a patient's medical records by the department shall be scheduled in advance with the service program and completed in a timely manner.

g. All EMS service programs shall comply with these rules prior to January 1, 2001. The director, pursuant to Iowa Code section 147A.4, may grant a variance from the requirements of these rules for any service program, provided that the variance is related to undue hardships in complying with this chapter.

132.8(3) The patient care report is a confidential document and shall be exempt from disclosure pursuant to Iowa Code subsection 22.7(2) and shall not be accessible to the general public. Information contained in those reports, however, may be utilized by any of the indicated distribution recipients and may appear in any document or public health record in a manner which prevents the identification of any patient or person named in those reports.

132.8(4) Required equipment and vehicle standards.

a. Ground ambulance service programs shall, as a minimum, use primary response vehicles that meet the Iowa ambulance standards listed in subrule 132.8(8). These vehicles shall be equipped, as a minimum, with the Iowa essential EMS equipment listed in subrule 132.8(10). In addition to the Iowa EMS essential equipment listed in subrule 132.8(10), ambulance services shall carry equipment and supplies in quantities as determined by the medical director, and appropriate to the service program's level of care as established in the service program's approved protocols.

b. Rotorcraft ambulances shall be equipped, as a minimum, with the Iowa essential EMS equipment (excluding lower extremity traction splints and long spine boards) listed in subrule 132.8(10).

c. Rescinded IAB 2/2/94, effective 3/9/94.

d. Nontransport service programs shall be equipped, as a minimum, with the Iowa essential EMS equipment listed in subrule 132.8(10). In addition to the Iowa essential EMS equipment listed in subrule 132.8(10), nontransport service programs shall carry equipment and supplies in quantities as determined by the medical director, and appropriate to the service program's level of care as established in the service program's approved protocols.

e. Primary and secondary response ambulances shall be maintained in a safe operating condition or shall be removed from service.

f. to *i.* Rescinded IAB 2/2/94, effective 3/9/94.

j. Over-the-counter drugs may be administered by FR, FR-D, EMT-A, EMT-D, EMT-B, EMT-I or EMT-P service programs upon completion of training and establishment of a written protocol approved by the medical director.

k. All drugs shall be maintained in accordance with the rules of the state board of pharmacy examiners. The rules are available upon request to: Iowa State Board of Pharmacy Examiners, Executive Hills West, Des Moines, Iowa 50319.

l. Accountability for drug exchange, distribution, storage, ownership, and security shall be subject to applicable state and federal requirements. The method of accountability shall be described in the written pharmacy agreement. A copy of the written pharmacy agreement shall be submitted to the department.

m. Ambulance service programs shall maintain a telecommunications system between the emergency medical care provider and the source of their medical direction and other appropriate entities. Nontransport service programs shall maintain a telecommunications system between the emergency medical care provider and the responding ambulance service and other appropriate entities.

n. All communications equipment shall be capable of transmitting and receiving clear and understandable voice communications to and from the service program's communications base and all points within the service program's primary service area.

o. All communications shall be conducted in an appropriate manner and on a frequency approved by the Federal Communications Commission and the department.

132.8(5) Each service program shall establish periodic maintenance and checklist procedures to ensure that:

a. Vehicles are fully equipped and maintained in a safe operating condition. In addition:

(1) All primary response vehicles (ground only) shall be housed in a garage or other facility that prevents engine, equipment and supply freezeup and windshield icing. An unobstructed exit to the street shall also be maintained;

(2) The garage or other facility shall be adequately heated or each primary response vehicle shall have permanently installed auxiliary heating units to sufficiently heat the engine and patient compartment; and

(3) The garage or other facility shall be maintained in a clean, safe condition free of debris or other hazards.

b. The exterior and interior of the vehicles are kept clean. The interior and equipment shall be cleaned after each use as necessary. When a patient with a communicable disease has been transported or treated, the interior and any equipment or nondisposable supplies coming in contact with the patient shall be thoroughly disinfected.

c. All equipment stored in a patient compartment is secured so that, in the event of a sudden stop or movement of the vehicle, the patient and service program personnel are not injured by moving equipment.

d. All airway, electrical and mechanical equipment is kept clean and in proper operating condition.

e. Compartments provided within the vehicles and the medical and other supplies stored therein are kept in a clean and sanitary condition.

f. All linens, airway and oxygen equipment or any other supplies or equipment coming in direct patient contact is of a single-use disposable type or cleaned, laundered or disinfected prior to reuse.

g. Freshly laundered blankets and linen, or disposable linens are used on cots and pillows, and are changed after each use.

h. Proper storage is provided for clean linen.

i. A closed container is provided for soiled supplies.

132.8(6) Service program—incident and accident reports.

a. Incidents of fire or other destructive or damaging occurrences affecting the service program or theft of a service program vehicle, equipment, or drugs shall be reported to the department within seven days following the occurrence of the incident.

b. A copy of the motor vehicle accident report required under Iowa Code subsection 321.266(2), relating to the reporting of an accident resulting in personal injury, death or property damage, shall be submitted to the department within seven days following an accident involving a service program vehicle.

132.8(7) Mutual aid agreements.

a. The department may require a service program to have a written mutual aid agreement in place with at least one neighboring transport service for backup purposes in the event the service program's vehicle is not available in its primary service area. The agreements shall specify the duties and responsibilities of the agreeing parties, and a copy of the written agreement shall be submitted to the department.

b. Nontransport services (operating in conjunction with basic care transport services) shall provide assurances that the ambulance service will have adequate equipment and trained staff to ensure continuity of care. This shall include, if necessary, ensuring that an emergency medical care provider is present with the patient while en route to a hospital.

132.8(8) Iowa ambulance standards.

a. The vehicle shall be capable of a sustained speed of not less than 55 mph over dry, hard-surfaced, level roads and shall be capable of providing a stable ride during all weather conditions.

b. The vehicle shall be capable of being driven for at least 150 miles before refueling.

c. The electrical system shall be equipped to include, but shall not be limited to:

(1) Dual 12-volt batteries with equal ampere rating;

(2) A 130-ampere alternator system;

(3) Starting, lighting, ignition, visual and audible warning systems and an ampere meter or voltmeter;

(4) Owner-specified electronics equipment;

(5) Devices that include master consoles located in the cab and patient compartments; and

(6) Other owner-specified accessory wiring.

d. All wiring devices, switches, outlets, etc., (except circuit breakers) shall be rated to carry at least 100 percent of the maximum ampere load for which the circuit is protected. All electrical wiring connectors and controls shall be easily identifiable and readily accessible for checking and servicing without having to move equipment or supplies from their usual location within the vehicle.

e. The electrical generating system shall be reliable at outside temperatures ranging from minus 30 degrees Fahrenheit to plus 120 degrees Fahrenheit to permit prompt starting of all systems on board the vehicle while driving to the scene, while idling at the scene for variable periods of time, and while driving from the scene to the hospital with all systems at maximum capacity. The alternator shall be capable of producing a minimum of 130 amperes at 50 percent of the engine's rated net horsepower RPM rating. An alternator producing more than 130 amperes at 50 percent of the furnished engine's rated net horsepower RPM rating shall be used when the ampere load of all electrical equipment and accessories requires it. An auxiliary throttle shall be included to control the RPMs of an idling engine.

f. A dual 12-volt battery system with a labeled "battery selector device" shall be furnished. The batteries shall not be rated less than 375 cold cranking amperes at zero degrees Fahrenheit with 115 minutes reserve capacity.

g. The engine cooling system shall be a closed, air free liquid state type with an overflow recovery tank and a coolant compensating system. The cooling system shall maintain the engine at safe operating temperatures at all drivable altitudes and grades that may be encountered during vehicle use.

h. All normal vehicle controls, switches and instruments shall be clearly identified, within normal reach of the driver and visible by day or night.

i. The specified patient compartment controls, switches, and instruments shall be panel mounted and located within normal reach of a seated attendant facing the rear of the patient compartment forward of the primary patient's head. All patient compartment controls shall be clearly identified and visible by day or night.

j. There shall be emergency lights that provide 360 degrees of visibility and a siren capable of producing at least 100 decibels at 10 feet. A public address system shall be included.

k. There shall be an exterior light over the rear loading door which shall be activated automatically when the door is opened and by a manual switch inside the vehicle. There shall be at least one clear white floodlight on each side of the vehicle.

l. There shall be two mounted spotlights or one hand-held spotlight.

m. The patient compartment size (including interior cabinet space) shall be a minimum of:

(1) Head room, 60 inches;

(2) Length, 116 inches; and

(3) Width, 60 inches.

n. There shall be an in-line oxygen system that includes, as a minimum, an oxygen cylinder with a storage capacity of at least 2000 liters located in a compartment which is vented to the outside. The pressure gauge, regulator and control valve shall be readily accessible. In addition, there shall be at least one oxygen outlet accessible to the head of the patient stretcher.

o. An engine vacuum with a reservoir or electrically powered suction aspirator system with an air flow of at least 30 liters per minute and a vacuum of at least 300 millimeters of mercury shall be securely mounted yet readily accessible. The unit shall be equipped with large bore, nonkinking suction tubing and semirigid, oropharyngeal suction tips (nonmetallic) and shall be located in the patient compartment.

p. All vehicles shall be equipped with a complete climate control system(s) to supply and maintain clean air conditions with a comfortable level of inside temperature in both driver and patient compartments. The various systems for heating, ventilation, and air conditioning may be a separate or a combination system which shall permit independent control of the environment within each compartment.

q. An inflated spare tire and wheel assembly, identical to those on the vehicle, together with the necessary tools for tire changing may be carried, and if carried, preferably located outside the patient compartment.

r. All external storage compartments shall be readily accessible and weatherproofed.

s. The type I modular unit, the type II van unit, and the type III integral cab-modular unit shall be of prime commercial quality metal or other material with strength at least equivalent to all-steel. Wood shall not be used for structural framing. The exterior of the body shall have a smooth finish, except for rub rails, and shall include provisions for doors and windows as specified. The ambulance body as a unit shall be designed and built to provide impact and penetration resistance, and shall be of sufficient strength to support the entire weight of the fully loaded vehicle on its top or side if overturned, without crushing, separation of joints, or permanently deforming roof bow or reinforcements, body posts, doors, strainers, stringers, floor, inner linings, outer panels and other reinforcements.

t. Crash-stable quick-release devices (i.e., seat belts, fasteners, etc.) shall be available for the following:

(1) One driver and one passenger in the front seat(s);

(2) One attendant at the head of the primary patient stretcher;

(3) Two patients on stretchers, one patient on the primary stretcher and one on a backup stretcher (i.e., stair chair, hanging stretcher, etc.); and

(4) Additional equipment and supplies as appropriate for the level of service (medical care) provided.

u. There shall be adequate space to mount radios and allow easy access for maintenance. The radio system shall allow for radio communications to all appropriate entities from the driver's compartment as well as the patient's compartment.

v. Safety equipment shall include, but need not be limited to, flares (or the equivalent) and a readily accessible 5-pound ABC fire extinguisher.

132.8(9) Iowa rescue and first response vehicle standards. Rescinded IAB 2/2/94, effective 3/9/94.

132.8(10) Iowa essential EMS equipment for ambulance and nontransport services.

a. Portable suction apparatus with wide-bore tubing and rigid pharyngeal suction tip.

b. Hand-operated bag-valve-mask unit with adult, child and infant size masks or separate units for each size (an oxygen demand valve may be used in lieu of the adult size unit).

c. Oropharyngeal airways in adult, child and infant sizes.

d. Portable oxygen equipment with pressure and liter flow gauges.

e. Oxygen nasal cannulas.

f. Oxygen masks in adult, child and infant sizes (including a partial or nonrebreather adult size mask).

g. Bite stick.

h. Pocket mask or equivalent.

i. Large and small sterile dressings.

j. Soft roller bandages.

k. Tape of various sizes.

l. Clean burn sheets (need not be sterile).

m. Occlusive dressing (occlusive gauze, plastic wrap or defibrillator pads).

n. Lower extremity traction splint (optional for EMT-A, EMT-D, EMT-B, EMT-I, and EMT-P nontransport services).

o. Extremity immobilizing device (board, ladder or formable splint).

p. Short spine board (or equivalent extrication device) and long spine board (optional for EMT-A, EMT-D, EMT-B, EMT-I, and EMT-P nontransport services).

q. Triangular bandages or slings.

r. Shears and scissors.

s. Sterile obstetrical kit.
t. Aluminum foil or silver swaddler (or equivalent) to maintain infant body temperature.
u. Stethoscope and blood pressure cuff (adult size required with pediatric size recommended).
v. Penlight or equivalent and flashlight.
w. Rigid extrication collars (Philadelphia, stiff-neck or equivalent) in at least three basic sizes.
x. Defibrillator (required, except for basic level services).
1. Automated, portable, battery-operated. (FR-D).
2. Manual or automated, portable, battery-operated. (EMT-D, EMT-B, EMT-I, EMT-P).

y. Esophageal/tracheal double-lumen airway device (required, except for basic level services).

132.8(11) Implementation. The director may grant exceptions and variances from the requirements of this chapter for any ambulance or nontransporting service. Exceptions or variations shall be reasonably related to undue hardships which existing services experience in complying with this chapter. No exception or variance may be granted unless the service has adopted a plan, approved by the department prior to July 1, 1996, to achieve compliance during a period not to exceed seven years. Services requesting exceptions and variances shall be subject to other applicable rules adopted pursuant to 147A. Nothing in this chapter shall be construed to require any ambulance or nontransporting service to provide a level of care beyond minimum basic care standards.

641—132.9(147A) Service program—off-line medical direction.

132.9(1) The medical director shall be responsible for providing appropriate medical direction and overall supervision of the medical aspects of the service program and shall ensure that those duties and responsibilities are not relinquished before a new or temporary replacement is functioning in that capacity.

132.9(2) The medical director's duties include, but need not be limited to:

a. Developing, approving and updating protocols to be used by service program personnel.

b. Developing and maintaining liaisons between the service, other physicians, physician designees, and hospitals.

c. Monitoring and evaluating the activities of the service program and individual personnel performance.

d. Assessing the continuing education needs of the service and individual service program personnel and assisting them in obtaining the appropriate continuing education programs.

e. Being available for individual evaluation and consultation to service program personnel.

f. Performing or appointing a designee to complete the medical audits required in subrule 132.9(4).

g. Ensuring maintenance of skills by service program personnel including:

(1) Documenting training on specific equipment used by the service program. Such training may be performed by an approved training program or other qualified individual approved by the medical director.

(2) Documenting the monthly or quarterly defibrillation practice sessions required in subrule 132.8(1), paragraph *"o."*

(3) The medical director may remove an individual from service program participation and require remedial education including, but not limited to: classroom instruction, clinical experience and field experience.

h. Informing the medical community of the emergency medical care being provided according to approved protocols in the service program area.

i. Helping to resolve service operational problems.

132.9(3) Supervising physicians and physician designees may assist the medical director by:

a. Providing medical direction.

b. Reviewing the emergency medical care provided.

c. Reviewing and updating protocols.

d. Providing and assessing continuing education needs for service program personnel.

e. Helping to resolve operational problems.

132.9(4) The medical director, supervising physicians, physician designees or other qualified designees shall randomly audit (at least quarterly) documentation of calls where emergency medical care was provided. The medical director shall randomly review audits performed by the supervising physician, physician designee or other designee. The audit shall be in writing and shall include, but need not be limited to:

a. Reviewing the patient care provided by service program personnel and remedying any deficiencies or potential deficiencies that may be identified regarding medical knowledge or skill performance.

b. Time spent at the scene.

c. Tiered response.

132.9(5) The medical director shall approve written protocols for each drug carried by the service program which describe when and how each drug may be administered.

132.9(6) On-line medical direction when provided through a hospital.

a. The medical director shall designate in writing at least one hospital which has established a written on-line medical direction agreement with the department. It shall be the medical director's responsibility to notify the department in writing of changes regarding this designation.

b. Hospitals signing an on-line medical direction agreement shall:

(1) Ensure that the supervising physicians or physician designees will be available to provide on-line medical direction via radio communications on a 24-hour-per-day basis.

(2) Identify the service programs for which on-line medical direction will be provided.

(3) Establish written protocols for use by supervising physicians and physician designees who provide on-line medical direction.

(4) Administer a quality assurance program to review orders given. The program shall include a mechanism for the hospital and service program medical directors to discuss and resolve any identified problems.

c. A hospital which has a written medical direction agreement with the department may provide medical direction for any or all service program authorization levels and may also agree to provide backup on-line medical direction for any other service program when that service program is unable to contact its primary source of on-line medical direction.

d. Only supervising physicians or physician designees shall provide on-line medical direction via radio communications. However, a physician, registered nurse or EMT (of equal or higher level) may relay orders to emergency medical care personnel, without modification, from a supervising physician or physician designee.

e. On an annual basis, the hospital shall notify the department in writing of any changes in the supervising physicians and physicians providing on-line medical direction.

f. Supervising physicians and physician designees shall be trained in the proper use of radio protocols and equipment.

g. The department may verify a hospital's communications system to ensure compliance with the on-line medical direction agreement.

h. A supervising physician or physician designee who gives orders (directly or via communications equipment from some other point) to an emergency medical care provider is not subject to criminal liability by reason of having issued the orders and is not liable for civil damages for acts or omissions relating to the issuance of the orders unless the acts or omissions constitute recklessness.

i. Nothing in these rules requires or obligates a hospital, supervising physician or physician designee to approve requests for orders received from emergency medical care personnel.

NOTE: Hospitals in other states may participate provided the applicable requirements of this subrule are met.

641—132.10(147A) Complaints and investigations—denial, citation and warning, probation, suspension or revocation of service program authorization or renewal.

132.10(1) All complaints regarding the operation of authorized emergency medical care service programs, or those purporting to be or operating as the same, shall be reported to the department. The address is: Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075.

132.10(2) Complaints and the investigative process will be treated as confidential in accordance with Iowa Code chapter 22.

132.10(3) Service program authorization may be denied, issued a citation and warning, placed on probation, suspended or revoked by the department in accordance with Iowa Code subsection 147A.5(3) for any of the following reasons:

a. Failure or repeated failure of the applicant or alleged violator to meet the requirements or standards established pursuant to Iowa Code chapter 147A or the rules adopted pursuant to that chapter.

b. Obtaining or attempting to obtain or renew or retain service program authorization by fraudulent means, misrepresentation or by submitting false information.

c. Engaging in conduct detrimental to the well-being or safety of the patients receiving or who may be receiving emergency medical care.

132.10(4) The department shall notify the applicant of the granting or denial of authorization or renewal, or shall notify the alleged violator of action to issue a citation and warning, place on probation or suspend or revoke authorization or renewal pursuant to Iowa Code sections 17A.12 and 17A.18. Notice of issuance of a denial, citation and warning, probation, suspension or revocation shall be served by restricted certified mail, return receipt requested, or by personal service.

132.10(5) Any requests for appeal concerning the denial, citation and warning, probation, suspension or revocation of service program authorization or renewal shall be submitted by the aggrieved party in writing to the department by certified mail, return receipt requested, within 30 days of the receipt of the department's notice. The address is: Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075. If such a request is made within the 30-day time period, the notice shall be deemed to be suspended. Prior to or at the hearing, the department may rescind the notice upon satisfaction that the reason for the denial, citation and warning, probation, suspension or revocation has been or will be removed. After the hearing, or upon default of the applicant or alleged violator, the administrative law judge shall affirm, modify or set aside the denial, citation and warning, probation, suspension or revocation. If no request for appeal is received within the 30-day time period, the department's notice of denial, probation, suspension or revocation shall become the department's final agency action.

132.10(6) Upon receipt of an appeal that meets contested case status, the appeal shall be forwarded within five working days to the department of inspections and appeals pursuant to the rules adopted by that agency regarding the transmission of contested cases. The information upon which the adverse action is based and any additional information which may be provided by the aggrieved party shall also be provided to the department of inspections and appeals.

132.10(7) The hearing shall be conducted according to the procedural rules of the department of inspections and appeals found in 481—Chapter 10.

132.10(8) When the administrative law judge makes a proposed decision and order, it shall be served by restricted certified mail, return receipt requested, or delivered by personal service. That proposed decision and order then becomes the department's final agency action without further proceedings ten days after it is received by the aggrieved party unless an appeal to the director is taken as provided in subrule 132.10(9).

132.10(9) Any appeal to the director for review of the proposed decision and order of the administrative law judge shall be filed in writing and mailed to the director by certified mail, return receipt requested, or delivered by personal service within ten days after the receipt of the administrative law judge's proposed decision and order by the aggrieved party. A copy of the appeal shall also be mailed to the administrative law judge. Any request for an appeal shall state the reason for appeal.

132.10(10) Upon receipt of an appeal request, the administrative law judge shall prepare the record of the hearing for submission to the director. The record shall include the following:

a. All pleadings, motions, and rules.

b. All evidence received or considered and all other submissions by recording or transcript.

c. A statement of all matters officially noticed.

d. All questions and offers of proof, objections, and rulings thereon.

e. All proposed findings and exceptions.

f. The proposed decision and order of the administrative law judge.

132.10(11) The decision and order of the director becomes the department's final agency action upon receipt by the aggrieved party and shall be delivered by restricted certified mail, return receipt requested, or by personal service.

132.10(12) It is not necessary to file an application for a rehearing to exhaust administrative remedies when appealing to the director or the district court as provided in Iowa Code section 17A.19. The aggrieved party to the final agency action of the department who has exhausted all administrative remedies may petition for judicial review of that action pursuant to Iowa Code chapter 17A.

132.10(13) Any petition for judicial review of a decision and order shall be filed in the district court within 30 days after the decision and order becomes final. A copy of the notice of appeal shall be sent to the department by certified mail, return receipt requested, or by personal service. The address is: Bureau of Emergency Medical Services, Iowa Department of Public Health, Lucas State Office Building, Des Moines, Iowa 50319-0075.

132.10(14) The party who appeals a final agency action to the district court shall pay the cost of the preparation of a transcript of the contested case hearing for the district court.

132.10(15) Final decisions of the department relating to disciplinary proceedings may be transmitted to the appropriate professional associations, the news media or employer.

132.10(16) This rule is not subject to waiver or variance pursuant to 641—Chapter 178 or any other provision of law.

641—132.11(147A) Complaints and investigations—denial, citation and warning, probation, suspension, or revocation of emergency medical care personnel certificates or renewal. Rescinded IAB 2/9/00, effective 3/15/00.

641—132.12(147A) Complaints and investigations—denial, citation and warning, probation, suspension, or revocation of training program or continuing education provider approval or renewal. Rescinded IAB 2/9/00, effective 3/15/00.

641—132.13(147A) Complaints, investigations and appeals. Rescinded IAB 2/9/00, effective 3/15/00.

641—132.14(147A) Temporary variances.

132.14(1) If during a period of authorization there is some occurrence that temporarily causes a service program to be in noncompliance with these rules, the department may grant a temporary variance. Temporary variances to these rules (not to exceed six months in length per any approved request) may be granted by the department to a currently authorized service program. Requests for temporary variances shall comply only to the service program requesting the variance and shall apply only to those requirements and standards for which the department is responsible.

132.14(2) To request a variance, the service program shall:

a. Notify the department verbally (as soon as possible) of the need to request a temporary variance.

b. Cite the rule from which the variance is requested.

c. State why compliance with the rule cannot be maintained.

d. Explain the alternative arrangements that have been or will be made regarding the variance request.

e. Estimate the period of time for which the variance will be needed.

f. Submit to the department, within ten days after having given verbal notification to the department, a written explanation for the temporary variance request that addresses each of the above paragraphs. The address and telephone number are: Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075, (515)281-3741.

132.14(3) Upon notification of a request for variance, the department shall take into consideration, but shall not be limited to:

a. Examining the rule from which the temporary variance is requested to determine if the request is appropriate and reasonable.

b. Evaluating the alternative arrangements that have been or will be made regarding the variance request.

c. Examining the effect of the requested variance upon the level of care provided to the general populace served.

d. Requesting additional information if necessary.

132.14(4) Preliminary approval or denial shall be provided verbally within 24 hours. Final approval or denial shall be issued in writing within ten days after having received the written explanation for the temporary variance request and shall include the reason for approval or denial. If approval is granted, the effective date and the duration of the temporary variance shall be clearly stated.

132.14(5) Rescinded, effective July 10, 1987.

132.14(6) Any request for appeal concerning the denial of a request for temporary variance shall be in accordance with the procedures outlined in rule 132.10(147A).

132.14(7) Rescinded IAB 2/3/93, effective 3/10/93.

641—132.15(147A) Transport options for fully authorized paramedic service programs.

132.15(1) Upon responding to an emergency call, ambulance, or nontransport paramedic level services may make a determination at the scene as to whether emergency medical transportation or nonemergency transportation is needed. The determination shall be made by a paramedic and shall be based upon the nonemergency transportation protocol approved by the service program's medical director. When applying this protocol, the following criteria, as a minimum, shall be used to determine the appropriate transport option:

a. Primary assessment,

b. Secondary assessment (including vital signs and history),

c. Chief complaint,

d. Name, address and age, and

e. Nature of the call for assistance.

Emergency medical transportation shall be provided whenever any of the above criteria indicate that treatment should be initiated.

132.15(2) If treatment is not indicated, the service program may make arrangements for nonemergency transportation. If arrangements are made, the service program shall remain at the scene until nonemergency transportation arrives. During the wait for nonemergency transportation, however, the ambulance or nontransport service may respond to an emergency.

641—132.16(147A) Public access defibrillation. The purpose of this rule is to allow nonemergency response agencies, public or private, to train their employees or associates in the use of the automatic external defibrillator and to provide AED coverage when appropriately trained personnel are available. This rule is intended to enhance and supplement the local EMS system with nontraditional early defibrillation groups/agencies.

132.16(1) *Authority of public access defibrillation provider.* Public access defibrillation providers may perform those skills identified in the public access defibrillation provider curriculum approved by the department.

132.16(2) *Public access defibrillation provider—training requirements.* Public access defibrillation providers shall have current course completion in:

a. Adult CPR, including one rescuer CPR, foreign body airway obstruction, rescue breathing, recovery position, and activating the EMS system; and

b. A nationally recognized AED course approved by the department.

132.16(3) *PAD service program—registration, guidelines, and standards.* A public or private nonemergency response business agency may request to register with the department to provide AED coverage. PAD service programs seeking registration with the department shall:

a. Complete the department's PAD service program registration form.

b. Provide a PAD liaison who shall be responsible for supervision of the PAD service program.

c. Implement a policy for periodic maintenance of the AED.

d. Ensure that the service program's PAD providers maintain AED and CPR skill competency.

e. Identify which authorized Iowa ambulance service program(s) will provide patient transportation.

f. Reregister with the department every five years.

132.16(4) *Complaints and investigations.* Complaints and investigations shall be conducted as with any complaint received against an EMS service program, applying rule 641 IAC 132.10(147A).

These rules are intended to implement Iowa Code chapter 147A.

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